		for the calendar y	ear January 1, 2 or other tax		FORM 1065N <b>2003</b>
nebraska		beginning	i i	and ending , DO NOT WRITE IN THIS SPACE	
epartment f revenue			LLAGE	DO NOT WATE IN THIS OF ACE	
≝Name					
Street or Other Mailing Address			Cho	eck here if you need to receive	a printed backlet from
<u> </u>				Nebraska Department of Reve	
City	State	Zip	Code Nebras 25 —	ka Identification Number Fede	ral Identification Number
Business Class. Code (See Instructions)	Date Business Began i	n Nebraska		s partnership have partners who ard lents of Nebraska?	· —
Type of Organization					
<u> </u>	mited Liability Company	Electing Large P	artnership	Other	
Check applicable box(es):			🗖 .		
(1) Initial Return (2) Fir	nal Return (3) L Cha	ange in Address	(4) Amend		orm 3800N Attached
1 Ordinary income (line 22, F	Federal Form 1065)				\$
2 Nebraska adjustments inci	reasing ordinary income	e (line 10, Schedu	le II)	2	
3 Line 1 plus line 2				3	
4 Nebraska adjustments ded	creasing ordinary incom	ua (lina 21 Schadi	ılo II)	4	
5 Nebraska adjusted income		,	,		
Nebraska Schedule ELP).	•		•		
6 Income reported to Nebras	ska (line 5 above or line	3. Schedule I. if a	applicable) .	6	
	,	ows a loss, omit line	,		ı
7 Percent of ownership by no	onresident individual pa	artners (see instru	ctions)	7 %	
8 Percent of ownership by no	•		, L		
Nebraska Nonresident Inc				8 %	
9 Percent of income subject	to withholding (line 7 m	inus line 8)		9 %	\$
<b>10</b> Line 6 multiplied by line 9 .					Ψ
11 Nebraska income tax withh	held for nonresident ind	ividual partners (li	ne 10 multip	olied by .0684) <b>11</b>	
12 Recapture of 3800N credit	t			12	
13 Total of lines 11 and 12				13	
14 Prior payments				14	
<b>15</b> TAX DUE if line 13 is great	ter than line 14 (line 13	minus line 14)			
16 Overpayment to be REFUI	NDED if line 14 is great	er than line 13 (lir	e 14 minus		\$
	rjury, I declare that as taxpayer or pe a and belief, it is correct and comp		this return, includ	ing accompanying schedules and s	tatements, and
sign					
here Signature of Partner or Mer	mber C	Date	Signature of Pro	eparer Other Than Taxpayer	Date
Title	<u>_</u>	Daytime Phone Number	Address		Daytime Phone Number

Daytime Phone Number

Daytime Phone Number



## PARTNERSHIP WITH NONRESIDENT OR CORPORATE PARTNERS

NEBRASKA SCHEDULE I — Apportionment of Income

NEBRASKA SCHEDULE ELP — Income Reported to Partners by Electing Large Partnership

• If you use this schedule, read instructions

FORM **1065N** 

Name as Shown on Form 1065N

Nebraska Identification Number

25 —

NEBRASKA SCHEDULE I — Apportionment of Income • See instructions										
1	Nebraska adjusted income (line 5, Form 1065N)					1				
2	Nebraska apportionment factor (line 15 below)									
3	3 Income apportioned to Nebraska (line 1 multiplied by line 2). Enter here and on line 6, Form 1065N									
	APPORTIONMENT FACTORS		TOTAL		NEBRASKA		NEBRASKA APPORTIONMENT FACTOR			
	Sales or	Gros	s Receipts	1			.,			
4	Sales or gross receipts less returns and allowances	4								
5	5 Sales delivered or shipped to purchasers in Nebraska:									
	a Shipped from outside Nebraska			5 a						
	<b>b</b> Shipped from within Nebraska			5 b						
6	Sales shipped from Nebraska to the U.S. government	. <u></u>		6						
7	Ordinary income (loss) from other partnerships, etc	7								
8	Interest on sales of tangible property	8								
9	Gross rents	9								
4.0		4.0								
10	Net farm profit (loss)	10								
	Net using an asias of interestina manager.									
	Net gain on sales of intangible property	11								
12	Gross receipts from sales of tangible personal and real	40								
	property not included above	12								
12	Other income (attach schedule)	13								
13	Other income (attach schedule)	13								
14	TOTAL SALES OR GROSS RECEIPTS	14								
			by line 14 TOTAL	colu	mn calculate					
13	15 Nebraska apportionment factor (divide line 14, NEBRASKA column, by line 14, TOTAL column, calculate to five decimal places and round to four). Enter here and on line 2 above									
	NEBRASKA SCHEDULE ELP — Income Reported to Pa					_	I Form 1065-B			
	•		ructions	c i a	i tilor silip i lillig i co	ici a	11 TOTAL 1000 B			
1	1 Taxable income (loss) from passive activities									
2										
3	3 Net capital gain (loss) from passive activities									
4	Net capital gain (loss) from other activities		4							
5	5 Guaranteed payments									
6 Income from discharge of indebtedness						6				
7 Add: Tax exempt state and local bond interest (from non-Nebraska sources)						7				
8 Subtract: Income from U.S. government obligations (see instructions)						8				
9 Other (attach schedule)						9				
10	10 Total of lines 1 through 9 (enter here and on line 5, Form 1065N)									